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THE NURSING TIMES

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OUR VISIT TO MILITARY HOSPITALS

The Work of the Army Nurses.

The Nursing Times has recently had the honour of being allowed to visit a large number of British military hospitals on the lines of communication in France. In this and following issues our representative describes her tour, which was taken with the express sanction and with the active co-operation of the Director-General of Medical Services.

We had felt for some time that we could very materially help the College of Nursing and the Nation's Fund for Nurses if we could speak with first-hand knowledge of the nurses' work in France. Accordingly, a fortnight's tour was arranged. One of the conditions made by the D.G.M.S. was that a representative of the Q.A.I.M.N.S. selected by the Matron-in-Chief should accompany our representative, and the Matron of No. 2 Stationary Hospital was chosen, and a very delightful and helpful companion she proved to be. She has had great experience in organising the nursing staffs of several of the military hospitals in France, where she has been working ever since war broke out. She was mobilised from Tidworth Military Hospital in August, 1914, and was one of the first band of Army Sisters who went over with the "Old Contemptibles." Her experience and knowledge were of the greatest possible help, and whereas without the thoughtful arrangements made, much time would have been taken up in making appointments, and so on, it is safe to say that not one minute of the whole fortnight was wasted. Further, it was possible, in visiting the various hospitals, to go straight to the most characteristic feature of each, so that, although at first sight it might be said that military hospitals are "all alike," it will be seen from the notes which follow that there is something distinctive and interesting to be said about each. A car and driver were lent by G.H.Q.; our representative was met on arrival in France by her escort, who accompanied her throughout, and typed copies of the programme had been sent in advance to all the Deputy Directors of Medical Service, who had communicated with the hospitals in their areas. So that everywhere the Nursing Times was expected and welcomed, and, as the guest of the hospitals, Miss Vaughan had many opportunities of meeting the nurses, of discussing with them the College and the Fund, and of giving them the literature with which she went provided. Everywhere the subject was a welcome one, and on two or three occasions, when time allowed, informal talks were given by special request of the nurses themselves.

The very keen concern of the Army Sisters for the future of the thousands of civilian nurses, especially those who have given up remunerative private work and prospects, is very marked, and it is a fine example of the new comradeship of women that these nurses, whose position is assured, and who have no need for anxiety about their own future, are joining the College and contributing generously to the Fund in order to help the civilian members of the profession.

Another very interesting point is that the American nurses, who are astonished at the low economic position of the nurses in Great Britain, are also eager to give their moral support, and we hope that it may be possible for some kind of associateship to be established whereby nurses from other than Crown Colonies and Dependencies may be connected with the College of Nursing. This is a matter that we have brought to the attention of Sir Arthur Stanley as one of the direct results of our representative's visit to France.

NURSING NOTES

AT BUCKINGHAM PALACE.

On Saturday last the King personally bestowed the Royal Red Cross (First Class) on Matron Nannie McArdle, Matron Helen Milne, Matron Mary Ross, and Matron Maude Smith (C.N.S.); and the R.R.C. (Second Class) on Matron Alice Alban, Matron Georgine Jacob, Sister Lily Ferrier, and Sister Maud Stewart (Q.A.I.M.N.S.); Matron Annie Macpherson, Assistant Matron Jessie Porter, Sister Elsie Curtis, Sister Mary Davitt, Sister Beatrice Earle, Sister Louisa Mackenzie-Lawrence, Sister Ethel May, and Staff Nurse Margaret Fox (Q.A.I.M.N.S.R.); Sister Elizabeth Adams, Sister Jessie Wakefield, Sister Margaret Worthington, and Staff Nurse Olive Summerhill (T.F.N.S.); Matron Annie Burgess, Matron Emilie Carter, Matron Marianne Dann, Matron Emily Dean, Matron Alice de Ville, Matron Elizabeth Dobie, Matron Bertha Domville, Matron Rose Hutty, Matron Jane Jeffrey, Matron Ada Kearvell, Matron Catherine McGee, Matron Margaret Latimer, Matron Mary Laver, Matron Ida Mackintosh, Matron Margaret Matthewson, Matron Constance Morris, Assistant Matron Edith McClearnon, Sister Lucy Broady, Sister Emma Bunton, Sister Olive Cooper, Sister Ethel Gemmell, Sister Emily Harlow, Sister Mary Kennedy, Sister Gertrude Lees, Sister Isobel Mackintosh, Sister Mary Matthews, Sister Laura May, and Sister Ethel O'Connell (C.N.S.); Matron Florence Hunt, Matron Gertrude Jerrems, Matron Margaret Keith, Matron Olive Langhorn, Matron Susanna Mothersole, Sister Mabella Johnston, and Sister Lilly Nazer (B.R.C.S.); the R.R.C. (Second Class) was also given to thirty-eight V.A.D. members. The recipients, together with Miss Sidney Browne, R.R.C., were afterwards received by Queen Alexandra at Marlborough House.

MILITARY MEDALS.

The Military Medal has been conferred, as we announced last week, upon a Sheffield nurse, Miss M. A. Brown, of the Queen Alexandra Nursing Service. She was trained at Firvale, and joined the Forces soon after the beginning of hostilities. For some six months she was on Red Cross trains in this country, for eighteen months at Netley Royal Hospital, then for a year at Boulogne, and was recently transferred to a casualty clearing station.

The C.O. of her station says: "Please accept the heartiest congratulations from all members of this C.C.S. on Miss M. A. Brown winning the Military Medal for conspicuous bravery. On March 21st a hostile bomb fell within a few yards of her, fatally wounding one sister and severely wounding the matron. Miss Brown gallantly attended to them under fire of machine guns and bombs until help came, and later on worked hard for hours in the operating theatre. We are frightfully proud of her."

The same honour, for "gallantry, consistent good work, and devotion to duty," has been awarded to Staff Nurse Sarah Evelyn Johnson (Reserve). When the casualty clearing-station was struck by a bomb from aircraft she displayed great courage and coolness, and set a splendid example to all, showing absolute disregard of danger.

THE COLLEGE OF NURSING.

The College of Nursing, with a view to the establishment of local centres everywhere, has appointed Miss Cowlin travelling organising secretary, and we trust that there will soon be no corner of England that can plead ignorance of the College and its aims.

The annual meeting, at which the result of the elections will be announced, is fixed for June 6th.

THE SISTERS AT THE FRONT.

The special correspondent of the *Times* gives a thrilling account of the evacuation of the advanced casualty clearing stations on the Western front. Two hospitals moved the first evening, and by the second day all were back or moving to the second-line positions, which, however, they had to leave for positions still further back, where most still are. In one case seventy patients were left with an officer and twelve orderlies, but eventually these were all got away, and "as the last ambulance left with the last batch of patients it was fired on by the advancing Germans with their rifles." All stations had nursing sisters on their staffs; one was killed, and one wounded. As a rule, the sisters were moved first, on an ambulance or lorry; then the walking cases left by road, and the severely wounded in ambulances, and the staff remained long enough to destroy such equipment as could not be removed. It is believed that all surgical instruments were saved, the officers, worn out as they were with work, wheeling their precious loads for many miles. Owing to the perfection of organisation, part of the staff was already at work farther back when later detachments arrived, and the wounded appear not to have suffered at all. "The extraordinary emergency seems," adds the correspondent, "to have been admirably met, and everybody concerned showed a fine spirit of self-sacrifice and pluck."

BRITISH SISTERS AT YOKOHAMA.

Forty-five British refugees from Moscow have arrived at Yokohama, and among them are the following members of the Anglo-Russian Hospital: Lady Muriel Paget, Sisters Macdonald, Cooke, and Davies, and Dr. Thompson. An escort of three "Red Guards" accompanied the party to Irkutsk, and the *Times* correspondent at Tokyo reports that, beyond the discomforts of ill-equipped carriages and the slow progress the party do not complain of any acts of hostility *en route*. The majority of the party are comfortably housed in the old British naval hospital at Yokohama.

COMMANDANT AND MATRON.

It is a pity the Central Joint Committee did not issue its leaflet on "Duties of a Commandant, Medical Officer, Matron, or Lady Superintendent

and Quartermaster in Hospital" earlier in the war! However, better late than never. The commandant is in charge of the hospital except for medical and nursing services, and she "must carefully avoid any interference in the ward work or nursing arrangements." The matron, lady superintendent, or senior sister (*who must be a three years' trained nurse*) will direct the work of the nursing staff, and will supervise the special points bearing upon nursing, the sterilisation of instruments, and other professional matters in the wards and operating-rooms. In the absence of the commandant and the medical officer she will be in complete charge of the hospital; she "should have entire control and management of the patients and nursing staff in the wards, and the responsibility for this should be clearly laid down."

MEMORIAL SERVICE FOR NURSES.

Queen Alexandra was delighted with the arrangements for the service at St. Paul's, and has expressed her appreciation to the Rev. A. Lombardini, to whom the excellence of the arrangements was due. We are asked to say that a few copies of the Form of Service and Roll of Honour used at the Nurses' Memorial Service remain unsold. These can be obtained, price 1s., from the Rev. A. Lombardini, Church of St. Elizabeth, Kensington, W. 8. The sum of £118 9s. was collected at St. Paul's Cathedral, and the sale of the Forms of Service brought in £30. All the proceeds are devoted to the Red Cross Fund.

IMPERIAL NURSES' CLUB.

H.R.H. Princess Beatrice visited the Imperial Nurses' Club, 137 Ebury Street, London, S.W., on Monday, and was received by Mrs. William Scott (chairman of committee of management) and Miss Mayers (lady superintendent of the club). During the afternoon some of the vice-presidents and members of the committee were presented to the Princess. Among those present were several matrons who had come up to receive decorations from the King, including Miss Kennedy (Manchester), Miss Burgess (Crumpsall), Miss Ross, Miss Cookson, and Miss Smith. Miss Bickerton (Prince of Wales's Hospital) and several members of committee were also present. The Princess expressed herself greatly pleased with all the arrangements.

The club, which was opened in November, 1916, by Lord French, is steadily going ahead, and although an annexe has been opened next door, the accommodation is still inadequate to meet the demands.

TO OBTAIN "THE NURSING TIMES."

Our readers know that, under present conditions of scarcity of paper and difficulty of transport, it is impossible for us, with the best will in the world, to ensure that copies of this journal will be on sale everywhere. Hence in a few instances it may occur that local supplies are short, and in that case nurses are reminded that they save themselves trouble by subscribing direct to the office until conditions are normal again.

EVENTS OF THE WEEK

April 24th, 1918.

Along our northern battle front the Germans continue to make desperate attacks, but latterly they have made no progress here. After they occupied the greater part of Messines Ridge and the villages of Wytschaete and Wulverghem, we found it advisable to withdraw our troops from the advanced salient east of Ypres (Passchendaele, Poelcapelle, Gheluvelt), which operation was carried out without molestation from the enemy. The Germans have since made great efforts to capture Mont Kemmel and the Mont des Cats, south-west of Ypres, but all their furious assaults have been broken up. The French are now fighting with us side by side on this part and our line is firmer. On the southern side of this battle salient we have made several successful minor attacks in the vicinity of Robecq. In the Givenchy—Festubert direction the Germans delivered a big attack after great artillery preparation on a front of 11 miles. After the fiercest fighting they only succeeded in gaining a footing on some of our advanced posts and these were soon recaptured and 200 prisoners taken. The First Division has been congratulated on its work here. In a brilliant action the Belgians defeated a big German attack south of Dixmude, taking 700 prisoners, 2 field guns and 42 machine-guns. A second attack on the Belgians was repulsed. North of Albert and north-west of Festubert the enemy has again made attacks on our lines.

On Tuesday morning early a great and daring naval assault was made on the enemy destroyer and submarine bases at Ostend and Zeebrugge. A landing-party attacked the gunners on the mole at Zeebrugge harbour, and old ships filled with concrete were sunk at the entrance to the Bruges Canal to block the passage, and at Ostend.

South-east of Amiens, along the Avre valley, the French attacked and made appreciable progress, taking 650 prisoners. The city of Rheims is now said to be beyond hope of restoration. Its destruction by German guns has been described as a deliberate crime, such as a Congo cannibal would not have had the wickedness to conceive. German attacks north of Rheims and also in the Bois de Caurières (Verdun) were driven off.

The American troops have had their first independent action of any size. It was to the east of St. Mihiel. In the first onrush they lost the village of Seicheprey, but after fierce fighting it was re-taken.

In an air battle over our lines on Sunday the famous German airman, Baron von Richthofen, was killed. He claimed to have brought down 80 of our machines.

On the Italian front last Wednesday British airmen brought down 11 machines.

In the Struma Valley we have scored a success in which Greek troops co-operated.

In one month the long gun ranged on Paris has killed 118 and wounded 236 people.

A great explosion and fire took place in the Zeppelin aeroplane factory at Friedrichshafen. It is said to be completely destroyed.

Baron Burian has succeeded Count Czernin as Austro-Hungarian Foreign Minister.

The Earl of Derby has gone to Paris as British Ambassador in place of Sir Francis Bertie, who has retired. Viscount Milner becomes Secretary of State for War; and Mr. Austen Chamberlain has been made a Member of the War Cabinet.

There is great opposition in Ireland against conscription being applied to that country.

The clause in the Bill calling up clergymen was withdrawn, but the Bishop of London is calling up all clergymen in his diocese who would otherwise have been liable to serve their country. There is a general feeling in all the churches that the exemption should not have been made.

In the new War Budget luxuries are to be taxed, following the example of France.

SOME MENTAL FACTORS IN THE NURSING OF NEURASTHENIA

(*Concluded.*)

By Minnie Genevieve Morse.

(*In the "Trained Nurse."*)

EXTREME irritability and over-sensitiveness are symptoms with which the family and friends of a nervous invalid have usually scant patience, and they are almost invariably shown more freely to those nearest and dearest to him than to anyone else, the patient who is removed from his home environment usually exhibiting them in a much lesser degree. Where this is not practicable, it should be impressed upon those about him that touchiness, anger over trifles, and tears upon the slightest provocation are not signs of lessened affection or intentional unkindness, but as truly exhaustion symptoms as any physical manifestation of weakness. If there were a more general realisation that when anyone, child or adult, becomes irritable and "cranky" there is almost invariably fatigue of some kind at the bottom of it, many nervous breakdowns might be nipped in the bud, and the world would be a more comfortable place to live in.

Much the same may be said of the loss of affection and of religious feeling that are so commonly complained of in nervous disorders, and that are a cause of such acute distress to the patient and such keen anxiety or irritation to those about him. Irritability can be controlled somewhat by soothing agencies such as warm baths and relaxing exercises, and abnormal sensitiveness is better for the inculcation of something of the stoic philosophy, while a steady refusal to carry into action the feeling of indifference to the calls of affection and of religious duty will lessen its hold upon the mind. But when any of these symptoms cause morbid self-condemnation on the part of the patient, every effort should be made to induce him to regard them in the same light as other symptoms, to be ignored as far as possible and endured with courageous philosophy. Loss of self-respect in a patient may lead to serious results.

Aboulia, or the paralysis of will-power, may be seen in any degree of severity. Its origin is in brain fatigue, but in patients of a certain type it may be fostered by too-solicitous guarding from care and responsibility. Some nervous patients become unable to make even small decisions without great difficulty and endless debate; these may require regular training in the making of such decisions quickly and unalterably. Others seem unable to force themselves to do what is expected of them; to sit up or walk about, to eat their meals, to say good-morning, or to make any physical or mental effort. A well-defined programme for the day, in which every duty has its specified time, not to be departed from, is a great help in cases of this kind, and is usually a relief to the patient as well. If such a schedule can be made out by the doctor, and it is taken for granted that the patient will follow it exactly, much trouble and friction may be avoided. It must not be forgotten, however, and the patient's relatives may need to have it impressed upon them, that exhaustion of will-power is not laziness, but a diseased condition; that strength of will may be expected to return as the nervous system recovers its tone; and that not fault-finding, but gentle and firm persuasion, with a matter-of-course attitude toward the duties of the hour, will prove the most effectual treatment.

A feeling of "brainlessness"—slow and difficult reception by the brain of the stimuli received by the special senses, sometimes almost verging on a mild form of disorientation—is one of the most unpleasant manifestations of nerve exhaustion, and one which frequently causes the victim to think himself on the high-road to dementia. Its occurrence is one of the reasons why nervously exhausted patients so often dread coming in contact with people; the strain of listening to and taking part in conversation is sometimes very great. Patients occasionally give almost the impresson of deafness, so extreme is their difficulty in following what is said to them. Difficulty in apprehending what they are looking at, and sometimes even in recognising faces, is sometimes complained of. Such symptoms may occur in an extreme form without the presence of the slightest auditory or visual defect. They are not the result of carelessness and inattention, as they are too often thought to be, nor, in ordinary functional nervous disease, are they symptoms of gravity, a fact of which the patient may need more than one assurance. The same is true of the failure of memory which is so often complained of by nervous patients, and which is partly a failure of the power of attention.

Nervous patients are frequently disturbed and sometimes thoroughly upset by annoyances which seem to the healthy-minded too insignificant for consideration. These small sources of annoyance are legion, and it is impossible to tell in advance what a patient will find disturbing. One is irritated by having a door left open, another cannot endure the sounds incident to a meal taken in company with others, while a third is annoyed by seeing people moving about the room. Hyperesthesia as regards both light and sound is the rule rather than the exception, and the senses of smell and taste are often abnormally acute. While all of these symptoms may be intensified and rendered more enduring by undue attention to and sympathy for them, they cannot be argued or scolded out of existence, and a tactful nurse will be able to shield her patient from many of these minor annoyances without running any risk of establishing a fixed idea. "He never steps on the creaky boards," said a hyperesthetic patient of a successful physician; and unless a nurse can

learn to steer clear of creaky boards, literal and metaphorical, she had better avoid the neurological field.

Convalescence is apt to be a trying time in any sort of illness, but in convalescence from nervous illness the patient often meets with the usual trials in an aggravated form. It is hard to realise, without personal experience, how difficult it is for the victim of a prolonged and serious nervous breakdown, who has been obliged to lay down the cares and responsibilities of life for a season, to return —perhaps even yet but ill equipped with strength and nerve force—to the ordinary way of living. The more complete the breakdown, and the more absolute the patient's surrender to those in attendance upon him, the greater will be the effort required to take up life again on his own responsibility. There are few nervous invalids who, if given the choice between illness and health, would not unhesitatingly choose the latter; but the transition stage, the readjustment of mind, the straightening of the back to resume the burden of duties, cares, and responsibilities, is for most a trying time. In convalescence from the acute fevers, ambition and mental energy often outstrip physical strength; in the nervous patient, on the other hand, it is too often the case that the sense of well-being and desire for action are slow in returning, and the patient may have literally to be forced into making efforts for which he thinks his powers inadequate, and stripped of the invalid habits which he thinks it still necessary to continue. Again, if he is of the type who are restlessly anxious to resume their former manner of life, the slowness with which nervous and mental force return, after a certain point of improvement is reached, and the relapses which follow close on the heels of over-exertion may drive him to the verge of distraction. Furthermore, there is a class of patients who take a morbid pleasure in occupying the centre of the stage, and when they are no longer the object of solicitous attention from all those about them, their vanity suffers.

Patients of this latter type are difficult to deal with, and often stretch their attendants' patience to the utmost limit; yet it must be remembered, with regard to even the most trying among them, that their condition is at bottom the result of disease, and that nerve force, will power, and self-control are repaired far more slowly than broken bones and lacerated muscles. Irritability and depression, disinclination to make necessary exertion or unreasoning desire for over-exertion, and dissatisfaction on the patient's part with all that is done for him should be ignored as far as possible, and gently reasoned against when the patient is capable of hearing reason, while every interest that can be brought into his life is useful at this time. "You must try to make me feel that it is worth while to get well," said a discouraged victim of nervous breakdown to the neurologist who attended her; and often this is the one thing most needful, especially in cases where the collapse has been the result of some great loss or nervous shock.

MEDICAL NOTES

Diet Again.

An inquiry made by the Medical Research Committee of the National Health Insurance shows that at this crisis carbohydrates, chiefly in the form of potatoes, can well make up in energy for the deficiency of fats and meats. In South Italy the peasants have lived healthily for generations on a diet of maize, meal, olive oil, and greenstuff.

Vaginal Douching.

The lecture on the evil effects of vaginal douching (to which we referred some time ago) is published in full in the *British Medical Journal* of April 20th. Dr. Fothergill says: "Nurses often douche without any instructions, sometimes because they think it is the correct thing to do, and at other times because their patients seem to expect it. This must also be stopped." The normal vaginal secretion, being acid, protects against ordinary infection—"most vaginal infections quickly cure themselves if left alone." Douching washes away the secretion, kills the superficial cells, and irritates the subjacent layers, leading to pain and congestion. The article should be read by all nurses.

THE NURSES' MISSIONARY LEAGUE

May Day is to be devoted by the N.M.L. to the Annual Conference and Meeting in University Hall (Dr. Williams's Library), Gordon Square, W.C., at 10.30, 2.30, and 7 p.m. A devotional address by Miss C. H. Mayers on "A Fight for Reality" will open the morning session, followed by Miss Overton, on "The League"; Miss Hope Bell (Hankow), on "The World's Need"; Miss J. Macfee, on "To-day's Opportunity"; and Miss B. Gurney, on "The Loyal Response." In the afternoon the Rev. H. G. Peile will speak on "Pilate's Wife: The Study of a Woman's Courage"; and Mrs. Wenham (Peking), on "What the League Stands for: A Challenge to Faith and Adventure." At the evening session, after business matters, Dr. Thomas Cochrane (N. China), will speak on "The World's Need"; and the Rev. C. C. B. Bardsley on "The Church's Supreme Response." All members and friends of the League are invited, and acceptances should be sent to Miss Richardson, Sloane Gardens House, 52 Lower Sloane Street, S.W. 1.

VILLAGE NURSING IN IRELAND

Ten village nurses are now at work in Ireland under the United Irishwomen Village Nursing scheme, and two more are in training. A year's training is the minimum, and the report says: "We frequently choose as a candidate a nurse who has had six months' training in a recognised maternity hospital, and possibly private work after that. We send her to pass the C.M.B. examination, and for six or nine months' teaching in district work, when she learns how to adapt her hospital experience to the needs of the poor in their own homes. She is also instructed in the best methods of promoting infant welfare by various courses of lectures, and by the practical work of attending babies' clinics."

SPECIAL VISIT TO MILITARY HOSPITALS IN FRANCE

A FORTNIGHT AMONG THE HOSPITALS ON THE LINES OF COMMUNICATION.

By our Representative, Gertrude Vaughan.

THIS visit has proved how magnificent is the organisation of the medical service in France, how splendidly the health and welfare of both patients and nurses are cared for, how generous is the appreciation of one class of worker for another, and how great is the need for both the College of Nursing and the Nation's Fund.

If anything could compensate for the world tragedy of the war, it would be the way in which everyone concerned has risen to the needs created and the spirit of mutual help and appreciation that are so evident out there. What it has meant in organisation and perhaps above all in tact and self-effacement will probably never be known, for the Services do not talk about themselves and their work. What matters is that the medical and nursing organisation is tremendously efficient. The quiet, thorough, capable administration of the great Army hospitals, where everyone is alert, cheerful, and busy without being in the least fussy, is a thing to admire and also to wonder at—or it would be if one had not faith in one's countrymen and women.

A matter about which feeling ran high was the alleged "soullessness" of the War Office. I took particular pains to see and talk with the relatives of patients whenever possible, while visits to the hostels for them were included in the programme. These hostels are run by the B.R.C.S. or the Y.M.C.A., and are referred to in the following notes. All the relatives seen were more than satisfied with the arrangements made for their comfort, and none had any complaint to make. The Army Sisters feel very deeply that the allegations cast a slur upon the whole profession. What they feel particularly is that it was not "playing the game" to leave the complaint—if there was one—for several months and then to make it publicly in a maiden speech in the House of Commons. They are distressed lest any parents of "boys" out there should feel distrustful of the care given by the nurses. The visitors, it must be remembered, are the guests of the nation; from the time they leave this country until their return no trouble or expense is spared; they are sent for in all cases where the medical officer thinks it advisable; they are most comfortably housed while in France, and are called to the hospital when necessary at any moment of the day or night.

Another matter that was being warmly debated was the position of the nursing V.A.D. member, which has been compromised by the arrival of General Service members who are working, as ward maids principally, under exactly the same conditions as the "Wacks," but wearing the uniform of the V.A.D. There is no snobbishness in the contention that it is at least confusing to the Tommy-mind to be able to invite one V.A.D. girl to go for a walk and not another! Yet, unless he takes the precaution to walk round her to see if she is wearing a little disc on her left sleeve, or a shoulder-strap of a particular colour, he may —and does—give dire offence where he means none. It is hard both on the soldier and the V.A.D., and it is felt very strongly that this might have been avoided by amalgamation with the W.A.A.C. The contention that one is a combatant and the other a non-combatant corps is swept aside by the answer that the same may be said of an Army and a R.A.M.C. orderly: both do similar work, but one does it in the hospital. The W.A.A.C. girls are taking the places of men in the administrative offices, in kitchens, etc., and the general service V.A.D.'s are doing precisely the same in the hospital offices, kitchens, etc. It is a distinction without a difference, or with a difference so slight that no distinction seems necessary. The important point is that it has created a great deal of discontent in the ranks of the nursing V.A.D.'s, and that it is likely to affect recruiting in that organisation, if it has not already done so. The question is an acute one, because a rigorous "comb out" is going on, and more and more women will be wanted. There seems no reason why head cooks, drivers, and clerks should not rank with V.A.D. nurses, and wardmaids as wardmaids. Why should these girls not be given a quite distinctive uniform or be amalgamated with the W.A.A.C.'s? The question is also one of accommodation. Many of the V.A.D. (G.S.) girls live in camps that are identical with the W.A.A.C. camps, but while the latter are springing up everywhere, there are very few G.S. camps as yet. In one instance the matron was bemoaning the fact that while she wanted wardmaids very much indeed, there was no G.S. camp near, while a W.A.A.C. camp had planted itself at her very gates. What she wanted was woman labour in the wards, never mind what it was called!

I paid two visits to Headquarters, and on each occasion those in authority were exceedingly kind in giving me all the information possible about the work. On my first visit I also saw the D.M.S., L. of C., who asked me if he could do anything else to make the tour an interesting one. I told him that all the arrangements were so perfect that I could not suggest any improvement. On my second visit I told the Matron-in-Chief, B.E.F., what a revelation the magnificent organisation had been to me, and how immensely I had been impressed with the way everyone seemed to be working harmoniously together, more like happy families than any hospital staffs I had seen before, although I have visited many more hospitals than I can count.

With regard to the organisation, speaking generally, it may be said that stationary hospitals have become general hospitals, and that the latter have been very greatly enlarged. In peace time a stationary hospital contained 200 beds, and a

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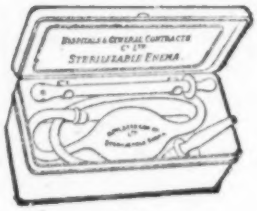

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An Enema specially adapted for hospital use; special red rubber, sterilizable; with glass fittings in a substantial metal box (No. 2129A.).

Spring Forceps (No. 2952), size 6 ins., **2/6**; 5 ins., **2/3**; 4½ ins.,

2/-

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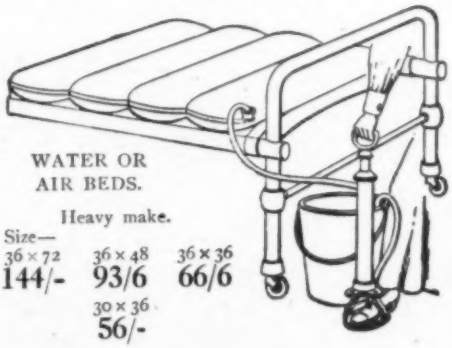

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VISIT TO MILITARY HOSPITALS IN FRANCE (*continued*)

general hospital 540; there is now nothing under 1,040.

Generally speaking, the proportion in the military hospitals is fifty trained nurses and thirty-five V.A.D.'s to 1,040 beds, but it is impossible to lay down a hard-and-fast rule, for the special nature of the cases may need a greater proportion (for example, if there are many officers, or a number of fractured femur cases), or there may be a large proportion of very light cases. If there is special work to be done, the needs have to be met by increasing the staff. A senior sister (divisional sister) is in charge of each division, with staff nurses and V.A.D.'s under her; at night the night superintendent is responsible for the whole hospital, and night sisters are in charge of these divisions. Night reports are made in each ward, and in addition the night sister writes her own report, which the matron sees and gives to the C.O., so that both know, before making their rounds, everything of importance that has happened, who is on duty, etc., and where it is important to go first.

The amount of clerical work in every principal matron's and hospital matron's office, and the multiplicity of Army forms, may seem to newcomers terribly detailed; but it is safe to say that there is not a single necessary detail about the patients that is not entered up somewhere, while if the matron is asked over the telephone how many nurses she has, say, with massage qualifications, or who have had their leave and can go on special duty at once, the elaborate system enables her to answer immediately. The comings and goings necessitate notification to the postmaster and the paymaster, so that correspondence and salaries may not be delayed.

There is a nurses' home in every area, and at every hospital on Lines of Communication there is at least one nurse who, while at work, is waiting to "proceed" at an hour or two's notice wherever required.

No V.A.D.'s are sent to the Casualty Clearing Stations.

No one talks much about the risks the nurses are taking on the sea or up at the front. Moreover, all are anxious to take their share of these risks. I can think of one matron who frequently goes down to her hospital wearing her steel helmet while shrapnel is falling, and of a nurse who says with a smile, "Yes, the train was shelled several times." And the records of the memorial service at St. Paul's Cathedral show that the nurses' Roll of Honour is by no means a short one.

In almost every hospital one sees evidence of the British Red Cross; in the stores, where piles of warm garments, splints, and a variety of other things for the patients are stacked; in the wards, where the Red Cross screens are invaluable; and in the bookshelves, where, side by side with books from the War Library, are those sent out by the B.R.C.S. Does someone want a typewriter for the office? Does someone else want linoleum for the wards? "Ask the B.R.C.S.! They will get it for you if anyone can." For the B.R.C.S. is the fairy godmother who with magic wand produces just the very thing you are wanting to make your perfect hospital still more perfect!

I am grateful to all who made the tour so successful and interesting, especially to the Matron-in-Chief in France, who most kindly spared time from her many duties to tell me something about the work of the sisters and nurses, and who, knowing how interested I am in all women's work, also most kindly arranged that I should meet the Chief Controller and Chief Medical Officer of the W.A.A.C. I am convinced that the stories which have been circulated about the members of this organisation have not a shred of truth in them. The figures given me by the Chief W.A.A.C. Administrator in France reduce the "hundreds" of cases of unfitness to practically nothing, and I hope that no credence will be given to the cruel calumnies brought against a fine body of women for whom everyone in France has the greatest respect and admiration. The greatest indignation was expressed, especially by the matrons and sisters, that such charges should be made, and it was confidently felt that the Commission, which was due to arrive in a few days, would dispose of them once for all. There is a strong impression that these stories are of German origin and deliberately circulated to interfere with recruiting.

As to *where* I went, that is not for me to say! And I shall not even follow the advice of a supremely British motor-driver whom I heard telling an equally French sentry to "Stick down any old place"!

I.—On the Road.

One of Mr. Nevinson's war pictures is a drawing of a French road. It is very long, very straight, with an occasional dip in it, so that you get a curious lesson in perspective; each section of the road following the dip appears like a smaller edition of the last. And now, at what seems to be the end of our road, there are two "ninepins," and for a long time we seem to get no nearer to them. And when we do catch them up they are not ninepins at all, but only the ends of two long, long rows of trees by the side of the long straight road. That is one of our roads. Another runs by the side of the cliff, among the pinewoods, and the soft veil of spring is just beginning to shroud the trees and hide their stark winter nakedness; the blackbirds are calling to one another; the wine of life is in the air. And down there, in a hollow of the hills, is the Place of Rest, where the bodies of our heroes lie waiting for the Dawn, in a beautifully tended garden, where the sea breezes blow softly, and soon the little flowers lovingly planted by the hands of British women will bloom, and the blue butterflies will flit above them like a shimmering cloud of light. And here is a field of young wheat; and there a boy and girl are ploughing; from the roughly made Calvary by the side of the road the Christ looks out to sea; a priest is going through the gate into the little village churchyard, where the graves are so crowded. . . . Look, here are prisoners of war with a ludicrously young British Tommy solemnly

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VISITS TO MILITARY HOSPITALS IN FRANCE (*continued*)

on guard, rifle cocked; and there are smiling, shiny "Chinks" felling timber; farther on, Portuguese labourers are carting it; here are soldiers on the march, in khaki and in blue, and a cavalcade of stampeding mules. Again a stretch of road and then a sleepy little village, where a tiny boy sprawls on a bank playing at being a soldier, and an old man in a red shawl stands at the door of his little grey cottage, exactly like other little grey cottages in France that are now a heap of ruins; and at the railway crossing a woman pushes back the gates and gazes at us with a look in her eyes that seems, in that one swift moment of passing, to express all the tragedy of war.

II—SOME HOSPITAL SKETCHES

The following are but rapid sketches of the hospitals, etc., visited during a busy fortnight:—

No. 35 *General Hospital*, on the sea front, is composed partly of huts and partly of the casino. General cases are nursed in this hospital, and it was here that I first saw the Sinclair form of treatment, more or less (for it is subject to variations) for fractured femurs. There is a special ward for officers. The huts are conveniently planned with duty-rooms, kitchens, etc., midway, and with their scarlet bed-spreads and flowers they looked very bright and cheerful. The men too seemed extremely happy. The sisters are rather inconveniently scattered in billets, and some organisation is required to collect them for meals, which are served in relays at a house in the town. The house was, I believe, hastily vacated by a German resident, who left the furniture much as it stands. The sisters are extremely well looked after, and have a large and comfortable dining-room and a pleasant sitting-room, both looking on a little garden, and large airy bedrooms; the only inconvenience that I saw was the position of the upstairs bath-room and lavatory, which are only reached by going through several rooms, and the absence of hot water supply.

A CONVOY.

The transport of the sisters from the hospital to the home for meals is done by the "F.A.N.Y." unit which occupies a little camp a short distance away. This unit is an offshoot of the original corps taken out to Belgium very early in the war. The unit in question lives in huts, with ground for the motors and several bathing machines, etc., for storehouses. Each member of the convoy has her cubicle, and very jolly little rooms they make, with pretty cushion covers and other personal possessions, and in many instances decorated quite cleverly with original sketches or coloured prints. The cupboards are made by the girls themselves, who include, evidently, some clever handywomen. There is central heating, and each block has a bath-room and that very necessary thing, a drying-room. Except for two mechanics, the girls themselves do all the repairs to the cars, and I learnt that the running expenses for the forty cars, including repairs, did not average more than £2 a month. The work of the unit includes the use of a car for searching for wounded and missing.

CANADIAN SISTERS.

After an excellent lunch with the sisters the Principal Matron took us to see *No.* 10 *Canadian Stationary Hospital*, which had only been "in being" for about three weeks, and was hardly in working order, although there were a few patients in the wards. There are 27 sisters, and the unit went out after some months' work at Eastbourne and Seaford. There are no V.A.D. members here. This is where I saw for the first time the quaint-looking Nissen huts, the longer ones with skylights and the shorter ones lighted only from the ends by windows and doors. (The "Wacks" live in these little dwellings, by the way, as I saw later.) The advantage of them is that they can be put up very quickly, that they have practically no corners to let in the wet, and that they can be quickly taken down and moved. The disadvantages are the apparent lack of light and ventilation, but as the average "Tommy" is quite happy if he has enough light to play a game of cards, and really prefers a good "fug," he does not complain! Neither do the nurses, for that matter, indeed, the whole time I was in France I did not hear a single "grouse" about anything. Each of these huts holds 24 beds and there are little duty-rooms in the middle, on each side. A crate of what looked like motor bicycles proved to be a consignment of light-wheeled stretchers, which will be very useful to run along the ground where it is smooth enough. The matron took us down into the dug-out which is to be used in case of necessity; it is, as one of the sisters said, "a very cute idea." All the sisters were busy preparing surgical dressings and getting everything into order in their new quarters.

NO. 9 RED CROSS.

We were entertained to tea at *No.* 9 *Red Cross* (Millicent Sutherland Ambulance) which has settled into its present quarters after its travels, and I was interested in meeting the matron. There was no matron, I remember, in its early days. Three sisters have been with the hospital from the first, and several V.A.D.'s have also been faithful all through. The proportion of sisters to the number of beds is very generous when compared with that in the military hospitals; there are 160 beds and 40 trained nurses. The funds to keep the hospital going are raised entirely by the Duchess of Sutherland. The stores are bought through the B.R.C.S. The staff are particularly proud of their chaplain, who after many months of work of any and every description (I remember hearing in 1914 that if any odd job had to be done it was always "Oh, ask Mr. S——, he'll do it") from the very beginning, was not content that he was really doing his bit. So he got a commission in the Coldstream Guards, and has been decorated with the Military Cross.

WONDERFUL SURGERY.

No. 83 *General Hospital* ("The Dublin") is a large hutted hospital on a gentle slope facing the sea. The patients make excellent progress in that fine air. In addition to general cases there are oral and eye cases, and there is a fine Therapeutic Department, the gift of the B.R.C.S. last June. The hut cost something like £9,000, and is the greatest possible boon to the men needing massage, electric baths, graduated muscular exercises, etc. When I was in France in 1914 The Nursing Times was collecting money for a bed at the Star and Garter Hospital, and some of the Red Cross nurses voluntarily made a contribution which they asked me to bring home. A sister then attached to one of the military hospitals was showing me the working of the *x*-rays, and we experimented with the money the nurses had just given me, in my hand held under the screen. This interesting photograph afterwards appeared in The Nursing Times. I was therefore very much interested to learn that this same sister is now in charge of the fine department at No. 83. I was not, however, fortunate enough to see her as she had just gone on leave. (Leaves, by the way, were being worked off everywhere, just as spring cleaning was!)

The Oral Department is necessarily a painful one to visit, but one cannot help feeling very thankful indeed that science has found a way to mitigate the terrible results of facial disfigurement to so marvellous a degree. The patients keep a series of tiny snap-shots showing the stages of improvement, and although they are dreadful enough at first, the later stages must certainly encourage these heroic men who will have to come home and begin life over again. The patients are extraordinarily cheerful, and keenly interested in their various occupations, which include the working of regimental badges and other designs. They thoroughly enjoy football, too, especially with the eye patients; what one lacks the other makes up, the one side seeing and the other "doing the shouting!" Officers are also treated in these special departments. The sister of the eye ward showed me a very interesting thing, namely, the glass orb which in some cases can be used to enclose the artificial eye—which moves about inside—so that the fact that the eye is an

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VISITS TO MILITARY HOSPITALS IN FRANCE (*continued*)

artificial one is not noticeable, and no one but the possessor need be conscious of it, truly a wonderful gift of science! We were shown some splendid *x*-ray plates of fractured femurs.

I remember one sister particularly, because she was the only sister who denied, and that with great emphasis, having any but real flowers in her wards! Every ward was beautiful with flowers—stocks, mimosa, daffodils, and almond blossom—and the imitation ones were so cleverly done that one was quite deceived by them. The men take great pleasure in making these flowers, and the results do them the very greatest credit. The beautiful little mortuary must have special mention, with its Union Jack, its violet hangings, and the brass crucifix and vases given by the Queen. The hospital has a Fairy Godmother in the person of Lady Algernon Gordon-Lennox, who superintends the clothing store, where I saw the beautiful warm gifts sent out by the Red Cross. In a little ante-room is "Lady Algy's" special collection of autographed portraits of war celebrities, both British and French, a unique and interesting gallery which must be the envy of other hospitals. The portraits include the King and Queen, Lord Roberts (who honoured the original hospital in the famous "sugar sheds" with a visit just before his last illness, and who accepted a scarlet bed-jacket which had been given to the hospital by the Queen), Lord Kitchener, M. Poincaré, General Joffre, and other famous men.

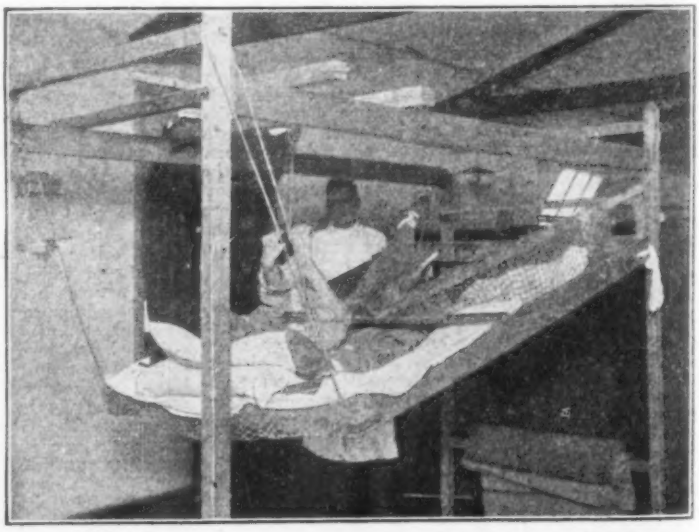
A TALK ABOUT THE COLLEGE.

This hospital was our headquarters for four nights, and on the last evening, by special request, I joined the sisters in their sitting-room after dinner for an informal talk about the College of Nursing and the Nation's Fund. I am glad to think that I was successful in clearing up an impression that the fund savours of "charity" in a sense naturally unacceptable to self-respecting women; and that whatever misapprehensions may have existed in the minds of one or two of our company were soon removed. I had provided myself with plenty of College literature, including Miss Vera Matheson's pamphlet "A Nurse's Talk to Nurses"; we put up one of the new posters of the Nation's Fund on the sitting-room wall, and I took the names of sisters who had not yet had the form of application. The pleasant little gathering closed with a chat about the chances a nurse out there has for saving. It is quite true that nurses have never been so well paid as at present, and certainly they should be saving; but even so they cannot found their College without large sums from the public, and this, I found, was a point that some of them had not thought out for themselves. In the discussion one of the sisters was a great help.

No. 8 *Stationary Hospital* is another excellently placed hospital, formed of both huts and tents, and here, again, they were busy spring cleaning. The special feature here is that fractured femur cases are being specially treated, and that two large wards for officers were being fitted with "birdcages," that is to say, wooden frames attached to the cross-beams of the huts. [The illustration shows one of these beds. We are indebted to the *British Medical Journal* and *St. Bartholomew's Hospital Journal* for permission to reproduce it.] The patient lies not in a bed at all, but on a fishing-net stretched on a wooden frame, and very much tilted at the foot end, so as to facilitate the work of the surgeon and nurse, and when hung round with "Dorothy" bags filled with sand, and clothed in blankets round each leg, the puzzle is to find the patient! When he is found he is usually so happy looking that you cannot help feeling once more deeply grateful that science has made such wonderful discoveries and is daily performing miracles. The Sinclair treatment combined with the Carrel Dakin method is doing wonders for our wounded men, and any one of them will tell you that he is feeling "champion." The Major works at this hospital in close co-operation with surgeons at home, and the value of the recuperative hospitals in England is at once obvious when one remembers the supreme importance of continuing the after-treatment when the patient is up and about. This takes place, I believe, in something like six weeks from the time of the injury, even in severe cases, and the Major is quite upset if there is even an eighth of an inch shortening of the leg. I saw some of the more advanced patients in the grounds, and they were walking about almost like men who had never had anything the matter with them. One cannot expect the men themselves to realise the importance of going on with the calliper boot when they "feel all right," but this is very essential if the cure is to be complete. If any nurse at home knows of a case of the kind she can help the "boy" considerably by impressing this fact upon him, and getting him to feel that, though it may be tedious, every detail of the treatment has its meaning and value in his after-career. There are some wonderful *x*-ray photographs of some of these cases, notably one of a femur with the calliper still in the bone; it is not removed until union has taken place. The sister in charge of these two wards nursed Princess Arthur of Connaught three and a half years ago when her baby was born. This is one of the many enterprising hospitals with an eye to food production, and the forty hens are doing their bit by laying eggs at the rate of twenty a day. The men who can get about are keenly interested in this department, and so is the matron, who took us through the immense camp, which this hospital, like so many others, really is. From all the Army matrons I heard some very nice things about the V.A.D. workers, who second the nurses so admirably.

(*To be continued.*)

The Manchester and Salford Sick Poor Nursing Institution has received two donations of £1,000.



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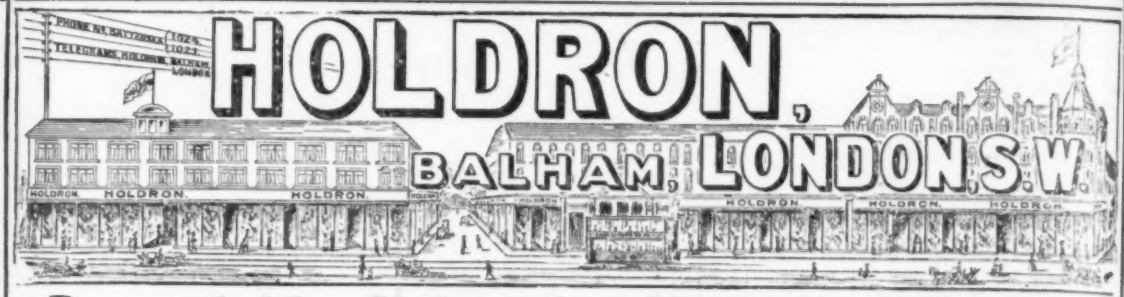

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A V.A.D.'S IMPRESSIONS

A Diary without Dates. By Enid Bagnold. (London: Wm. Heinemann, Bedford Street, Strand.) Price 2s. 6d.

There is a charm about this little diary, written by a V.A.D. helper at a large hospital not far from London. It is so fresh and so unstudied, and gives a glimpse of hospital and its effect on one of the thousands of young women who have been brought by the war into a new life and into surroundings different from the far-off days "before the war"—days which seem now a dim memory. Of course, to nurses its chief interest will lie in the impression made on an ardent but understanding mind by the ways of the sisters. We cannot find fault with her naive criticisms: the book purports only to be a record of impressions, and, thrown suddenly in contact with the trained, experienced nurse, the newcomer admires what she understands of their ways, and resents what she cannot comprehend. Thus: "How intent and silent they are! One should never aspire to know a sister intimately. They are disappointing people, without candour, without imagination. Yet what a look of personality hangs about them. . . ."

"A Sister has an 'intimate life' . . . it lies between 8.45, when she finishes her supper, and 10 o'clock, when she finishes undressing. That is why one Sister said to me: 'If I hadn't taken up nursing I should have gone in for culture.' I don't laugh at that. . . . To have an intimate life one must have a little time."

Again, our V.A.D. says that she would go through the four years' training just to wear the cap and apron; and Sister replies: "You couldn't go through it and come out as you are. . . ."

The American Red Cross is giving a complete equipment to all nurses sent overseas. It includes the following articles: 1 blanket, 1 sleeping bag, 1 hold-all, 1 poncho, 1 Norfolk suit, 1 ulster, 2 white "waists," 1 silk or flannel "waist," 2 pairs of gloves, 1 hat, 1 sou-wester, 1 raincoat, 1 pair scuffs, 2 pairs black tights, 3 pairs pyjamas, 4 sets of underwear, heavy wool, 2 dozen pairs stockings, 4 pairs shoes, 1 pair woollen gloves or mittens, 4 grey crêpe hospital uniforms, 12 sets white organdy collars and cuffs, 2 pairs cuff links, 4 caps, 8 aprons 1 pair caduceii and U.S. letters, 1 pair rubber boots, 1 sweater.

MOSQUITO VEILS

E. G. HUTCHESON writes to the *Dundee Advertiser* that the end of this month again ushers in the mosquito pest, and that her mosquito veil—a simple precaution against malaria for nurses in foreign service—is made as follows: "It takes 1½ yards light khaki netting, the width of the netting being depth of veil; the cut edges are placed together, small corner pieces cut off at top to round the veil for wearing over a cap, or headwear of any kind. It is then hem-seamed right up and over top, thus making veil suitable for encasing the entire head. Veil is finished at bottom with a hemmed casing, to receive a narrow silk ribbon, to draw up veil round neck, and tied under chin, entrance of ribbon being so arranged that the seam-up of veil will be at side, over one ear."

THE MILITARY MEDAL

When first I heard, I grieved 'twas not my fate
To show such discipline of courage rare;
Then shame o'er took me—of her high estate
Wished I her dispossessed? Nay, let her wear
Her laurels proudly; we in them have share;
Of our race she, to service consecrate,
In danger firm, with all inspiring pride;
Guard on Right's frontier, keeper of Truth's gate,
Is one to emulate as earth is wide.
Beacon to sister souls who serve yet wait,
She honour holds of heroine designate.

A. M. Northwood.

By way of celebrating the first anniversary of the hospital's opening, the wounded soldiers at the Stebonheath Hospital, Llanelly, recently gave an entertainment. During the proceedings they presented to the popular matron, Miss Yates, a silver flower-stand, while Nurse Morgan, on behalf of the V.A.D.'s, handed the matron a silver cake basket and a silver photo-frame.

Women orderlies are required for military hospitals in France, and the Red Cross V.A.D. Department appeals urgently for more women, as the male orderlies are required for the firing line.

Farringdon Photo Co.

MISS GERTRUDE JERREMS, MISS KATHERINE DAVIES AND MISS MARGARET KEITH (B.R.C.S.), LEAVING BUCKINGHAM PALACE.

THE COLLEGE OF NURSING

THE interest and enthusiasm aroused by the election of the College Council during the last few weeks has exceeded all expectations, and has resulted in so many requests for a speaker to place the objects of the College before nurses in different parts of the country —especially in relation to the formation of local centres —that the Council has decided to make a temporary appointment of an organising secretary to undertake this particular work.

Miss G. Cowlin, who for more than 12 months, as assistant secretary of the College, has been in charge of the Registration Department, has therefore been appointed to the post.

It is most encouraging to find that nurses are appreciating the value of having a living branch of the College in their midst, and there is every evidence that before very long the number of local centres will be doubled or trebled, and those wishing information on the subject are advised to write to the Organising Secretary, 6, Vere Street, W. 1, at once.

The date of the annual meeting of the College is fixed for June 6th this year, and, as the result of the election will then be announced, a large gathering is expected. Nurses should remember to keep this date free.

In a short time now, members will receive a copy of the annual report and balance-sheet, from which it will be seen that the affairs of the College have progressed very considerably during the past year.

THE COLLEGE OF NURSING (IRISH BOARD)

AT the monthly meeting, held at 23, Kildare Street, Dublin, on April 15th, Dr. Peacocke in the chair, arrangements were made for the annual general meeting. Applications for registration and membership were accepted from nurses trained at the following hospitals :—Dublin : Adelaide, Mater Misericordiæ, Meath, Richmond, and Royal City ; Belfast : Mater Infirmorum, Union Infirmary ; Fermanagh : County, Enniskillen ; Limerick : Barrington's ; Londonderry : County Infirmary ; Lurgan : Union Infirmary.

NURSES' RATIONS

IN a written answer in the Parliamentary papers, Mr. Clynes says (in reply to Mr. R. Gwynne), under the new scale of institutional rations for hospitals and sanatoria resident professional staffs in all home auxiliary hospitals will receive the same rations as the resident professional staffs in naval and military hospitals at home.

ROLL OF HONOUR HOSPITAL

THE Roll of Honour Hospital, in Harrow Road, which was founded in 1912 by Dr. Flora Murray and Dr. Garrett Anderson, does splendid work for the children in the north-west district of London. It started in one small house as an out-patients' department for minor ailments. Year by year it has grown, and now occupies four houses, where there are twelve in-patients, but the building is totally inadequate to meet the demands of the population. A new site has been chosen in the same neighbourhood and it is hoped when the war is over to start building immediately. It is proposed to erect a hospital of 50 beds, and to make it in every branch as perfect as a hospital can be. Special efforts are to be made to produce a beautiful and unique scheme of decoration for the wards.

Provided a sufficient sum is raised to endow the hospital, H.R.H. Princess Mary is to become its Patroness.

THE Croix de Guerre has been conferred on several nurses who sacrificed their lives in the performance of their duty during the recent Paris air raids, and on several other nurses who were injured during the bombardment.

NATIONAL BABY WEEK COUNCIL

IN districts where new infant welfare centres or day nurseries are required the publicity and interest aroused by the holding of Baby Week Celebrations should be a good means of bringing the need before the public. Leaflets giving suggestions for a week, week-end, or day's celebration may be had from the office, 27a, Cavendish Square, W. 1, and all possible help will be given in arranging for speakers, etc., and practical help can be obtained from the Children's Jewel Fund, which gives grants up to 50 per cent. of the initial and first year's running expenses towards new organisations or new developments of existing centres. The administrative committee of this fund is a sub-committee of the National Baby Week Council, and the Secretary will be glad to send a copy of the scheme on application.

A course of six lectures to prospective speakers and others interested in the Baby Week campaign will be held on Mondays, at 5.30 p.m., at Dr. Williams' Library, 14, Gordon Square, W.C. :—

May 6th : "Mothercraft in the Rearing of an Imperial Race." F. Truby King, Esq., M.B., B.Sc. Chair : Eric Pritchard, Esq., M.D.

May 13th : "Baby Week : Its Objects and its Future." Miss Alice Elliott. Chair : Mrs. H. B. Irving.

May 20th : "Civic Responsibility with Regard to Child Welfare." Harold Scurfield, Esq., M.D., D.P.H. Chair : Amand Routh, Esq., M.D., F.R.C.P.

May 27th : "Provision for Maternity." J. H. Fairbairn, Esq., F.R.C.S. Chair : R. Murray Leslie, Esq., M.D.

June 3rd : Factors of Infant Mortality." C. W. Saleeby, Esq., M.D. Chair : Sir John Kirk, J.P.

June 10th : "The Working-Class Mother's Point of View." Mrs. H. B. Irving. Chair : Lady Nott-Bower.

Admission cards may be obtained free on application to the Secretary, National Baby Week Council, 27a, Cavendish Square, W.1. Stamped addressed envelope and visiting card should be enclosed with each application.

AN ECONOMICAL DRESS

WOMEN have always fought shy of wearing "mufti uniform," or, in other words, adopting from motives of economy a uniform to be worn universally. Naturally it would be difficult to make such a dress becoming to every form, and it would leave no room for individual taste. At the same time we have all felt that a simply cut dress would be an economy if generally adopted, and that is why women will welcome the "Hawkey National dress," which can be made in various styles from one pattern, saves 40 per cent. of material, and has no fastenings. Already the pattern, which is sold by the *Daily Sketch*, Shoe Lane, London, E.C.4, at 1s. (3d. royalty on each being given by Mrs. Hawkey to the B.R.C.S.), has been selling in thousands ; it can be used for tea-gowns, evening dresses, or nightgowns, as well as for the simple but smart everyday dress, which we illustrate here. It is made in three sizes for women, 34, 36, and 40 bust.

THE HAWKEY DRESS.

NOTES FOR INFANT WELFARE CENTRES AND THE HEALTH VISITOR.

One of the most difficult tasks before the Health Visitor is the education of Mothers on the importance of, and care required in, cases of artificial feeding; the vital necessity of absolute cleanliness in all that pertains to the Teat and bottle employed.

It is now universally conceded that the "boat" shaped bottle is best for the purpose. The next and really most important accessory is the selection of the Teat. That it must be perfectly constructed; made of the finest rubber, and capable of complete sterilisation is a *sine quâ non*.

The teat which best answers this description is undoubtedly the well-known "Agrippa" Patent Band Teat, which has received the favourable commendation of the Medical and Nursing professions.

Now it must be evident to every child-loving woman who is charged with the great and solemn duty of bringing up a baby by hand, the nearer the artificial feeding bottle approaches to Nature's feeding bottle, the nearer will it be to perfection. We are positive that no teat could be a nearer copy of Nature—so far as feeding facilities are concerned—than is this one.

Note the little flat cushion at the base of the teat Fig. 1: this soft cushion is intended for the comfort of the baby, for it fits close up to the tiny mouth, and simulates the natural nipple. The fact that the teat is made by Ingram's, London, is a sufficient guarantee that the rubber used is the finest that science and the seventy years' experience of Ingram's as surgical india rubber manufacturers, can produce.

Fig. 1.

In addition, the "Agrippa" is fitted with a patent Band of special construction, which fits round the top of the bottle, and although the band is sufficiently elastic to allow its being easily fitted to any make of feeding bottle, yet, once it is on, it grips so securely that it cannot slip off. Therefore there can be no waste of the contents of the bottle whatever.

The question of sterilisation is simple in the case of the "Agrippa" Teat. The rubber has been specially prepared so as to withstand actual boiling, and does not deteriorate by frequent repetition of this boiling process. The patent Band Valve is devised according to the most up-to-date theories and regulates to perfection the flowing milk food. The gripping principle is exactly the same as the Patent Band on the teat (Fig. 2)—it cannot slip off. Ingram's will be pleased to send a free sample to any Infant Welfare Centre, &c., on receipt of professional card. The sample will demonstrate the claim made that the "Agrippa" Patent Teat is the only perfect Teat extant.

Fig. 2.

Patentees and Manufacturers, J. G. Ingram & Son, Ltd. Established in London in 1847. The London India Rubber Works, Hackney Wick, London, E. 9.

Fair Skins in Winter

Those who use **Clark's Glycola** come through wintry weather with hands and cheeks free from roughness, redness, and chapping. There is nothing like "Glycola" for improving a woman's skin. It eliminates superficial blemishes, and effaces the ravages of time. It beautifies, purifies, and softens the most sallow or impaired complexion.

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Of all Chemists, 8d., 1/4 & 3/- per bottle. Sample of "Glycola" Cream for two 1d. stamps from

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The World's Finest Hair-Net.

No. 43.	Medium ...	3½d.	No. 83.	Extra Large	5½d.
,, 63.	Large ...	4½d.	,, 93.	Superior Small Mesh	6½d.

Of all Drapers and Boots *The* Chemists.

The Ideal Ward Shoe.

In all sizes and half-sizes and Narrow, Medium, and Hygienic shapes.

11/6

PER PAIR.

Postage 5d.

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Real Foot Comfort

—perfect ease and restfulness such as no other footwear can provide, is secured by wearing "Benduble" Ward Shoes. For ward or home wear, or wherever long standing is necessary, no other shoes at any price are at once so comfortable, smart, and neat—they combine the ease of a soft felt slipper with the elegance of an evening shoe. "Benduble" is the famous shoe specially designed for ward wear and popular with nurses everywhere.

BENDUBLE Ward Shoes

are **British made** from the softest real Glacé Kid and flexible Leather, perfectly put together by a special process which renders them the most comfortable and silent shoes obtainable. It is impossible for them to squeak. Invaluable in the ward or home, &c. Made in narrow, medium, and hygienic shape toes in all sizes and half-sizes. One price—**11/6** per pair (postage 5d., two pairs post free).

Every "N.T." reader

should **call at our Showroom,** or write for Book describing "Benduble" Specialities, which also include Outdoor Boots and Shoes, Slippers, Overshoes, Gaiters, Stockings, Boot Trees, &c. It contains all you want to know about real footwear comfort.

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Every requisite for Hospital and Private Nurses is stocked in a large variety of styles. All garments are made in our own Workrooms, and when the quality of the fabric used, and the workmanship employed is taken into consideration, our prices will be found to be particularly reasonable. Patterns and Self-measurement form submitted on application.

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ACTS RELATING TO MOTHERS AND CHILDREN

"ACTS and Regulations relating to Mothers and Children under Child Age" was the subject dealt with at the lecture this week under the auspices of the Association for the Prevention of Infant Mortality. The Registration of Births Act, which came into force in 1836, made it compulsory to register the birth of a child within 42 days of birth, and the duty devolved upon the father, or mother, or occupier of the house, or person present at the birth or in charge of the child. No registration of still-births was required, but the child could not be buried without a certificate from the doctor who attended the birth or examined the body, or by a person present at the birth or anyone eligible to register it. If the child died immediately after birth, the birth must be registered, and a death certificate was also required for burial.

The Notification of Births Act of 1907 was adoptive at first, and it had to be carried out by the father or the person attending the mother at the birth or within six hours after. In 1915 this was followed by the Notification of Births Extension Act, and it made the notification of all births compulsory.

As to criminal abortion: It was a felony for any pregnant woman to administer to herself any drug or use any instrument or for any other person to do so for her to bring about abortion. The penalty for this was several years' penal servitude. It was a misdemeanour for any person to supply or procure any drug or instrument for such a purpose.

The Midwives Act came into force in 1902. This Act led to the formation of the Central Midwives Board and the Roll of Midwives, and the drawing up of rules for midwives. The Local Supervising Authorities supervised the midwives of their locality, investigated and reported cases to the C.M.B., and in certain cases, as in that of infection, they might suspend the midwife for a time. The midwife must notify the Local Supervising Authority of her intention to practise in their area.

The Children Act (1908) made it compulsory for any person who undertook for reward the care of a child under seven to give notice to the local authorities within two days, and to give the name and address of the person from whom she received the child. Any change of address must also be notified within two days. If the infant died or was transferred, notice must be given within two days and also the name and address of the person to whom the child was transferred. Infant protection visitors looked after these children, and, where necessary, could get a warrant with power of entry. If one of these children died, the person who had the charge of it must inform the coroner. Further, it was illegal to insure the life of one of these children.

In law it was punishable cruelty to fail to procure food, clothing, medical aid, or lodging for a child under sixteen, but it must be proved that unnecessary suffering to health was caused.

Scarlet fever and diphtheria were children's diseases which must be notified forthwith by the doctor to the M.O.H.; also smallpox, typhoid, and erysipelas, and some other diseases, all cases of tuberculosis, and of ophthalmia neonatorum. The last-named must be notified by the midwife if she had charge of the case. Measles and German measles were generally notified by the parent or guardian.

Our legislation dealing with milk supply was very unsatisfactory. There was no hold over dirty shops; adulteration of milk was dealt with under the Drugs Act.

Powers had now been given to local authorities to provide for maternity and child welfare work, and the L.G.B. would give grants of 50 per cent. on the local expenditure. The Board of Education gave 50 per cent. grants to schools for mothers. This scheme includes four branches: (1) local supervision of midwives; (2) ante-natal work, including clinics, home visiting, and the provision of hospital beds; (3) natal work—attendance at birth and after, and provision of lying-in hospital beds; (4) post-natal work—hospital beds, clinics, dispensaries, and infant consultations.

Mrs. Mary Whitfield has been appointed clinic nurse by the Education Committee of Hull.

SCOTTISH NOTES

The Outlook on Tuberculosis.

PROFESSOR Sir Robert Philip (who was recently appointed to the Chair of Tuberculosis in the University of Edinburgh) delivered his inaugural address in the McEwan Hall, Edinburgh, on Tuesday of last week. Principal Sir Alfred Ewing, who presided, said that the creation of that chair was quite unique and eminently fitting, because the Edinburgh system of dealing with that fell disease was now known as the Edinburgh system, and copied all over the world.

Sir Robert Philip, who took as his subject, "The Present-day Outlook on Tuberculosis," said that its ravages, though still appalling, had been greatly reduced. In place of waiting till the bacillus had drained the life-blood from its victims, medicine was on the outlook for the first signs of attack. A return prepared for him by the Registrar of the Royal Infirmary showed that during the year some 650 cases had been treated in the wards, and this in a general hospital, which on principle excluded infective conditions. With regard to treatment, the prospect was full of hope. Nature herself cured tuberculosis every day. By the recognition of the external principle of aerotherapy and by fulfilment of physiological demands for rest, movement, and feeding, the treatment of tuberculosis had been revolutionised.

The Heroism of the Nurses.

Wounded soldiers just arrived from France at the Edinburgh Military Hospital at Bangour do not allow their own sufferings to obscure the valorous part played by the nurses who tended the wounded just from the battlefield. They speak of the brave women who toiled in their task of mercy till the guns were on them; not the least of their help was the comfort they spoke to the stricken soldiers. For themselves the women seemed to have no care. They worked on and on, and in every way they proved themselves worthy of the Army fighting in front of them. (From *The Scotsman*.)

Home for Wounded and Invalids.

A bequest of £60,000 for the founding and endowment in the neighbourhood of Edinburgh of a home for British sailors and soldiers who have been wounded has been made by an Edinburgh lady, Miss Helen Murray. Her trustees are to pay over the sum to the managers of the Royal Infirmary in trust to be applied by them for the purpose of founding and endowing the home. If the home is not at any time necessary for wounded and invalid soldiers and sailors, it is to be used as a convalescent home in connection with the Infirmary.

On the Western Front.

Recent operations on the Western front have brought the Scottish Women's Hospitals at Royaumont and Villers Cotterets into the fighting zone, and the *dames écossaises* are, for the second time, nursing British as well as French wounded. Dr. Ivens and her staff have been working at battle pressure, at times operating day and night continuously.

Sir Ernest Waterlow's "Little Farm—Valley of the Somme," at the Royal Society of Painters in Water Colours, 5a Pall Mall East, is of special interest, not only because of its beauty, but because of its associations. Quaint red roofs, all jumbled together, and young trees in their spring loveliness, a flock of sheep with the shepherd and his dog—and then we remember the devastation of war! Another picture worth a visit is Miss E. Fortescue-Brickdale's "Guardian Angel," a winged being standing on clouds and with a sweep of birds, all kinds and colours, across his robe, and between his hands a tiny aeroplane. Below are little pictures of Icarus, who first made himself wings that the heat of the sun melted, Leonardo da Vinci, and a modern airman. There are many other interesting pictures.

Sir William Bull has given notice that he will submit to the House of Commons a resolution in favour of extending the Military Service Act to all unmarried women between 19 and 30 for work of national importance.

LETTER BOX

Our readers are invited to send their opinions on any subject of interest to nurses, so that this feature may be a medium of useful and helpful exchange of thought and experience. We are not responsible for the opinions expressed by our correspondents.

The College of Nursing and How it Affects Us.

On all sides in our nursing world we are discussing the College of Nursing and is it of benefit to us, and if so, how? During the last twelve months I have met a large number of nurses in various positions, and whilst conversing with them on the subject of the College, which I have always taken care to lead up to, I have found there is some mistrust of the College amongst the rank and file in public health and other work.

This is rather a sweeping assertion, but let us look at the question in a business manner. The College should be to us what the Trade Unions are to the working men—a combine which will see that nurses receive a fair wage and better hours, and allow only the qualified nurse to take the senior and organising posts, and not, as now, socially trained people, who give a few months to the study of welfare work and then step into the highest posts and consider they have the right to dictate to the trained woman. This latter is one of the great questions of the future. Ask any of your fully-trained health visitors what is happening in our welfare work to-day, and they will tell you that untrained people take up the organising work, and double the work for the health visitors. They have no practical knowledge, and much valuable time and money is wasted by their unworkable ideas.

I think the College should make its intentions perfectly plain to all nurses, and this can only be done by actually bringing it to the knowledge of all. At present a few lectures have been given in the larger towns, and nurses who were free during the lecture time have availed themselves of the opportunity and heard the lectures. But what of the thousands of nurses in counties far from the big centres? How has the knowledge been brought home to them? Why were delegates not appointed in certain districts—nurses who could call the nurses in their districts together and discuss this progressive step in their careers? When one realises how few have grasped what the college means), I must admit that I myself do not fully understand yet), can we wonder that they are sceptical of the whole thing? Guineas are precious possessions to our profession, and, remembering how the heads of the training schools so often forget that the girls under their rule are humans and not machines, do we wonder that they hesitate? Bring the knowledge to the nurses, talk with them, and see what happens. If there had been the "rank and file" on the committee, I think this would have been suggested long ago.

I appeal to all nurses whose thoughts may in some respects be here revealed to join with me in appealing for a wider explanation.

A Senior Health Visitor and a Sympathiser of the "Rank and File."

(*See announcement on p.* 482.—Ed.)

CARE OF THE SKIN

Nothing is so bad for the skin as sudden alterations of heat and cold, dryness and damp. That is why spring is so trying to face and hands. One day the sun shines and the skin perspires freely, the next it is beaten by dust-laden rain, and soon afterwards comes a piercing east wind to chill the pores and roughen the surface. Add to this in the cases of nurses that they may be one hour in the hot atmosphere of the operating theatre, and the next walking along windswept corridors, and that hands are in and out of cold and hot water, continually washed with soap, and bathed with strong disinfectants. The wise nurse guards against rough skin in spite of all these difficulties by the regular use of a good emollient like Clark's Glycola. Rubbed on the hands night and morning and after every wash it sinks in, leaving no stickiness, but a soft, smooth surface. We advise our readers to lay in a stock of Glycola.

N.U.T.N.

The statement in our last issue that the N.U.T.N. has "agreed to take action" regarding the proposed affiliation with the R.B.N.A. is not correct; no action can be taken without the sanction of the Council.

ANSWERS TO CORRESPONDENTS

Questions asking advice on legal, charitable, employment, and nursing matters are answered free of charge in this column if accompanied by the coupon on p. 477, *and by the full name and address of the writer. Urgent letters will be answered by post within three days at a charge of* 2/6 *for legal and* 1/- *for other advice.*

CHARITIES

Home for Blind Baby (Health Visitor).—You may be able to get some advice or help from the Invalid Children's Aid Association, Denison House, Westminster, London, S.W. Ask the Secretary, Mrs. Munro, if she will be kind enough to suggest a home to you. But you must give her particulars about the case. You have given me none.

NURSING.

Training (G. W.).—Some of the Poor Law infirmaries, we believe, give a free massage training in the fourth year. Write to Miss Barton, Poor Law Matrons' Association, Chelsea Infirmary, S.W., enclosing stamped envelope. Or you might write to the Matron, National Hospital for the Paralysed, Queen Square, W.C. The combined training will take four years. If you wish to go in for massage only, write for advice to the Incorporated Society of Trained Masseuses, 157, Great Portland Street, W.

Bath (A.M.T.).—Some nurses may be engaged locally by the matron, but most appointments are made through the Matron-in-Chief, B.R.C.S., 83, Pall Mall, S.W.

APPOINTMENTS

Truslove, Miss E. Matron, St. Chad's Hospital, Birmingham.
Trained at Queen's Hospital, Birmingham; Hednesford Accident Hospital (staff and district nurse); Keighley and Bingley Isolation Hospital (senior sister and matron); Smallwood General Hospital (matron ten years).

Smith, Miss Annie. Superintendent Nurse, Gateshead Union Infirmary.
Trained at Birkenhead (staff nurse); Gateshead (night superintendent nurse).

Kennedy, Miss Marion. Surgical Sister, Royal Hospital for Sick Children, Aberdeen.
Trained at Royal Infirmary, Oldham (men's surgical ward, sister, and night sister).

Thwaites, Miss Mary. Ward Sister, York County Hospital.
Trained at Blackburn and E. Lancs. Royal Infirmary; Victoria Hospital, Keighley (sister); Victoria Hospital, Romford (sister); General Hospital, Gravesend (sister); Charesive Military Hospital, St. Annes-on-Sea (sister).

DEATH

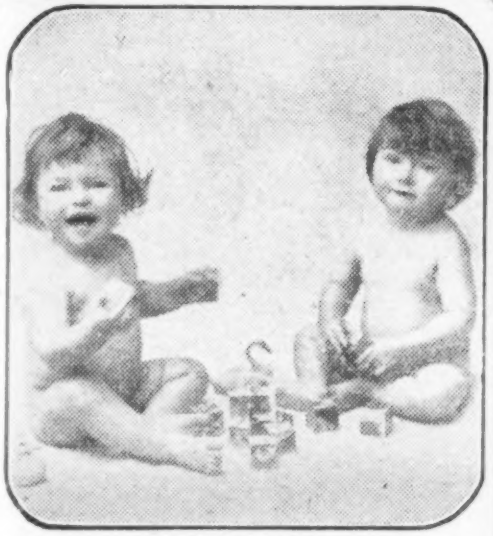
Jacka.—On April 16th, at the London Hospital, Emily Jacka, Receiving Room Sister.

MARRIAGE

Miss A. L. Broadley, a nurse at Edmonton Hospital, to Second-Lieut. E. E. Dafforn, R.A.F.

The Local Government Board has sanctioned the appointment of Nurse F. Stamford as health visitor under the Stoke Newington Borough Council.

Miss Jessie Smales is made Matron (T.F.N.S.).



COPPARD TWINS.

"Fine Contented Boys."

12, Farley Road,
Catford.
July 11th, 1916.

Dear Sirs,

I am sending you a photo of my twin boys taken when 14 months old. I was only able to feed one naturally and the other mite I tried on various foods, but he could not retain any of them. I had to wrap him in cotton wool he got so very, very thin. I then gave him Virol and before he had finished the first Jar I noticed a great improvement. He has now become such a fine boy. I think that Virol and milk for nursing mothers is excellent.

During one of the air raids I entirely lost my milk, but I persevered and by taking Virol and milk was able to feed my baby boy again. Although they are teething, they are fine contented boys and never ail anything now.

Yours truly, A. E. COPPARD.

"In all the cases in which I tried it, the women not only expressed themselves as much stronger, but looked much better and gained in weight at the rate of about four to five pounds a week."—DR. FELDMAN, *Lecturer in Midwifery and Hygiene for the London County Council.*

VIROL

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KEROL appeals strongly to the Nursing Profession as it is the Disinfectant which combines all the properties which go to the making of an ideal preparation.

It is perfectly uniform in composition, so each drop of it has the same high value. Hence it is not necessary to shake the bottle.

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especially Nurses and Mothers, must wear "healthy" Corsets, and the "Natural Ease" Corset is the most healthy of all. Every wearer says so. While moulding the figure to the most delicate lines of feminine grace, they vastly improve the health.

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Wear the "Natural Ease" Corset and free yourself from Indigestion, Constipation, and scores of other ailments so distressful to Women.

These Corsets are specially recommended for ladies who enjoy cycling, tennis, dancing, golf, &c., as there is nothing to hurt or break. Singers, Actresses and Invalids will find wonderful assistance, as they enable them to breathe with perfect freedom. All women, especially housewives and those employed in occupations demanding constant movement, appreciate the "Natural Ease" Corsets. They yield freely to every movement of the body, and whilst giving beauty of figure are the most comfortable Corsets ever worn.

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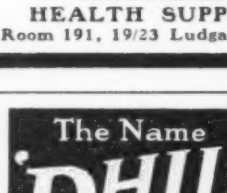

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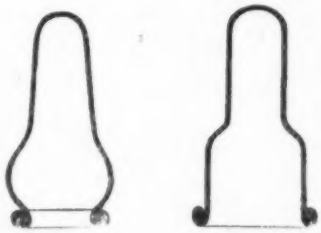

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*Glaxo Feeder, complete in box with Teat and Valve, **1/3** each.*

*Spare Bottles, **9d.** each. Spare Teats. **3½d.** each. Spare Valves, **2½d.** each.*

Leaflet and further information gladly supplied on request by Glaxo, Dept. B. 155, Great Portland Street, London, W. 1.

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F. 5. N.T. 27/4/18.

THE JOURNAL OF MIDWIFERY

A WEEKLY RECORD FOR MIDWIVES AND MATERNITY NURSES

CENTRAL MIDWIVES BOARD

Ordinary Meeting.

THE monthly meeting of the Central Midwives Board was held on Thursday, April 18th. Present: Sir Francis Champneys in the chair, Prof. Briggs, Lady Mabelle Egerton, Dr. Fairbairn, Dr. Griffith, Mrs. Latter, Miss Paget, and Mr. C. Sangster.

Before transacting any other business the election of the Chairman was proceeded with, resulting in the unanimous return of Sir Francis Champneys.

The minutes of the special meeting of March 20th, and of the ordinary meeting of March 21st were read and confirmed.

The reports of the Standing, Finance, and Penal Cases Committees were adopted, and the Board appointed the Committees of the Finance and Penal Cases for the ensuing year.

The following matters had been dealt with by the Standing Committee.

The Medical Superintendent of the Dufferin Hospital, Calcutta, was informed that if he will furnish the Board with the particulars required, the approval of the Hospital as a training school will be taken into careful consideration.

A letter from the County M.O.H. for Somerset, transmitting copies of correspondence which has passed between himself and the General Medical Council, with reference to the action of a registered medical practitioner in the county, in giving a certificate to an uncertified woman, certifying that she was "quite capable of undertaking the duties of an ordinary midwife," and asking the views of the Board thereon.

The Board decided to inform the M.O.H. that in its opinion the case is one in which representation should be made to the General Medical Council as to the action of the doctor in the matter, and that the County M.O.H. be asked whether the Somerset County Council is prepared to prosecute the case before the General Medical Council.

A letter from Mr. J. E. Cooney, asking to be informed of the reasons which have led the Board to the conclusion that it is unable to continue to approve his client—a certified midwife—as a teacher of pupils, and to give her an opportunity of attending before the Board to be heard on the matter.

It was agreed (*a*) to inform Mr. Cooney that it is contrary to the practice of the Board to give reasons for its decisions when dealing with cases of application for approval or re-approval to train midwives. (*b*) That the Board is unable to accept the suggestion that the midwife should be asked to attend personally.

It was decided to admit Elizabeth Porter to examination, as she has now furnished the Board with an unaltered birth certificate, and has complied with the Board's requirements as to the production of certificates of good moral character, and otherwise complied with the Rules.

The further consideration of an advertisement of the Sanitary Training College advertising a course of lectures by postal correspondence for candidates for the Board's examination was adjourned until the next meeting of the Board.

The applications of *Cissy Crothers*, *Gulnare Byatt Emery*, and *Mary Alice Palmer*, desiring to enter for examination, and asking for permission to furnish a statutory declaration in lieu of a certificate of birth or of baptism, were granted.

The names of the following midwives were removed from the Roll on their own application, on account of old age, ill-health, and inability to comply with the Rules:—

Annie Adams, Mary Bevan, Ann Browning, Sarah Ann Dickens, Elizabeth Fenn, Mary Griffen, Sarah Ann Harrison, Ruth Mallender, Martha Robinson, Harriet Spooner, Lucy Staton, Emily Turton, Sarah Ann Waterman, Emma Webster, Hannah Wilde.

The applications for renewal of approval as teachers were granted to: Rosetta Hewlett and Janet Tulley, and adjourned in the case of Agnes Eliza Guest.

Approval as teachers was granted, *pro hác vice*, to: Thomas John Davies, M.R.C.S., L.R.C.P., John Jones, M.D., D.P.H., Isaac Llywelyn Morris, L.R.C.P., M.R.C.S., Elizabeth Baister Sprintall.

Adjourned: William Charles Griffiths, L.R.C.P., and S., Eliza Knott, and Harriet Price.

The Chairman announced that there would be no Penal Meeting in May; that the next Special Meeting would be held on Wednesday, June 19th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL

THERE is always a great demand for beds at Queen Charlotte's Hospital, and the beds are found, even when the hospital is full! But there is a serious difficulty at the present time in maintaining an adequate nursing staff, and there are fewer pupils than ordinarily, though, as the matron points out, a midwifery training will be a useful asset to many women, when, after the war is over, much of the work that is being done now will not be required. There will then be much readjustment of conditions, but the woman with a profession to her hand will always find employment. The hospital has, of course, always done work of national importance, and recently, by making special arrangements for the reception of the wives of soldiers and sailors, both British and Colonial, and also of Belgian and other refugees, it has shown a truly patriotic spirit. At the annual meeting of Governors on April 16th two new developments in the activities of the institution were referred to, namely, the establishment of an ante-natal department, and an infant consultation centre.

It is said that "girls will not nurse soldiers' wives and mothers; they would rather be in military hospitals, where the work is more exciting." Yet to tend the relatives of the soldiers, especially in their confinements, is quite as truly a patriotic duty as to nurse the sick and wounded. We anticipate, after the war, nurses in a long *queue* down Marylebone Road waiting to be interviewed! In the meantime, "it is safer," said a medical man, "to be an infantryman in France than an infant at home," and the lives of the new little citizens are quite as precious as those of our brave soldiers. We hope Miss Blomfield, the matron at Queen Charlotte's, will be kept busy with candidates even before the war is ended! She wants them at once.

POST-GRADUATE WEEK

THE annual post-graduate week will be held at the General Lying-in Hospital, York Road, Lambeth, from June 24th to 28th inclusive. The course is open to all midwives. The subscription is 5s. The programme, which will include lectures, demonstrations, and clinics, will appear shortly. Further particulars can be obtained from Sister Cullen at the Hospital.

The National Council of Public Morals is reconstituting its Birth-rate Commission, in view of the fall in the rate in this country. The address is 20 Bedford Square, W.C.1.

MIDWIFERY CONFERENCE

A CONFERENCE on "Ideals in the Teaching of Midwifery" (open to all midwives teaching pupils midwifery) has been arranged. It opens on May 29th at 4.5 p.m. with a reception by Miss Paget at the Midwives' Institute, followed at 5 p.m. by an inaugural lecture on "Methods in the Teaching of Midwifery," by Dr. Fairbairn. On May 30th at 9.30 a.m. visits will be paid to Guy's, York Road, or Medical Exhibition Museums, and at 11 a.m. a conference will be held on "Suggestions for the Higher and Broader Education of Midwives," chairman—Sir Frances Champneys. The following papers will be read:—"Ideals in Education of Midwives," Dr. Janet Campbell; "The Teaching of Ante-Natal Work," Miss Elsie Hall; "The Teaching of Delicate Subjects," Miss Graham and Miss Walter; discussion on "Is a Special Training for Teachers Desirable?"

At 3 p.m. there will be a visit to an Infant Welfare Centre. Dr. Eric Pritchard's, Dr. Flora Shepherd's, or Jewish Maternity Clinics), and at 6 p.m. demonstrations of teaching by London midwives.

On Friday, May 31st, at 10 a.m., there is a lecture on "The Value of Observation in the Management of the Normal and Sick Baby (first ten days)," by Dr. Charles Cameron, followed by discussion; at 12 a visit to Vincent Square Infants' Hospital; in the afternoon, clinics at Queen Charlotte's Hospital (Dr. Roberts), or City Road Hospital (Dr. Comyns Berkeley).

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Those intending to join should make early application for tickets, stating if they wish for hospitality or a grant towards travelling expenses, to Miss Olive Haydon (Hon. Sec.), 59 Loughborough Park, London, S.W.9.

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TRAINING AT THE ROTUNDA

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